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Application Number See attached Schedule A Filing Date First Named Inventor Title Art Unit

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| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | |
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| OR I hereby appoint Pracifilener(s) associated with the following of Number as mylour attorney(s) or agent(s) to prosecute the apidentified above, and to transact at business in the United Stuard Trademark Office connected therewith: | | pplication | ication | | |
| OR Hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: | | | | | |
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| Telephone | <u> </u> | Email | <u> </u> | | |
| Applicant/Inventor. | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | |
| Signature | Sheree Johnson- Grego | Ly | Date 12 09 09 | | |
| Name | Sheree Johnson-Gregory | U Education 1 | Telephone 609-734-5034 | | |
| Title and Company 998888 VP & Assoc. Gen. Counsel - Educational Testing Service NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one | | | | | |
| TRALES Signatures of an the inventors of assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | |
| "Total offorms are submitted. | | | | | |

This obsession of information is required by 37 CFR 1.51, 1.52 and 1.53. The information is required to obtain or relets a broad by the special public publi